

ADVANCED UROLOGY ASSOCIATES, L.L.C.

MICHAEL H. KANE, M.D. EDWARD K. LEVENTHAL, M.D. KEITH J. O'REILLY, M.D.

Welcome to the offices of Advanced Urology Associates, L.L.C. Your appointment has been scheduled for _____, 2008, at _____ in the _____ office with Dr. _____.

Enclosed, please find a patient registration sheet. Please complete the form and bring it in with you when you come in for your appointment.

We would like to take this opportunity to review our policies with you so you know what to expect when you arrive at our office.

Appointments: Our Reisterstown and Westminster offices are generally open from 8:00 a.m. to 4:30 p.m. Monday-Thursday and 8:00 a.m. to 4 p.m. on Friday. We have three physicians in our group: Dr. Michael H. Kane, Dr. Edward K. Leventhal and Dr. Keith O'Reilly. Our main office is in Reisterstown, MD, but we also have satellite offices in Hampstead, Westminster, Eldersburg, and Pikesville. Patients are seen on an appointment-only basis. We do not accept patients on a "walk-in" basis. We require a 24- hour notice for the cancellation of an appointment. **Any appointment cancelled without a 24-hour notice will be subject to a cancellation fee of \$20.**

What to Bring to the Appointment

Your insurance card

Physician referral forms if required by insurance

A list of current prescriptions and/or over-the-counter medications you are taking, including dose and frequency

Pertinent information about your medical and surgical history

Any recent x-rays or appropriate records you may have

Insurance and Payment Information

We are providers for Medicare and most major insurance plans. We provide insurance billing. Anything not covered by insurance will be your responsibility.

We request payment at the time of your appointment for services that are not covered by insurance. Your insurance company may also require you to pay a co-payment at the time of your appointment. When necessary, our staff will work closely with patients who require a payment plan. Some plans require that you obtain a referral to see a specialist. It is the patient's responsibility to obtain a referral if needed.

If you have any questions regarding which insurance plans we accept or any patient billing concerns, please call us at the phone number below. Questions regarding your coverage and benefits should be directed to your employer or insurance company.

Phone calls: If you wish to leave a message for the physician, our staff will be happy to take a message. The physician will return your call as soon as possible. This call may not be returned immediately because the physician may be in surgery and may need to review your chart before returning your call.

After Hours and Emergencies

If you have an urgent problem after office hours, dial (410) 526-4401 and ask the operator to contact the urologist on-call for Kane & Leventhal, M.D. In the event of an emergency, go directly to the nearest emergency room or call 911. Be sure to tell the staff that you are our patient so they will contact us. **No refills will be handled after office hours.**

Prescription Refills

If you are in need of a prescription refill, please contact our staff during regular business hours, when the physician can review your record. Please have your pharmacy phone number on hand when you call. **No refills will be handled after office hours**

Forms: Our office does charge for the completion of forms*:

Disability Insurance Form (provided by Insurance Co.)	\$ 25
Creditor Disability Form	\$ 25
Family Medical Leave Act	\$ 25
Attending Physician Statement (Dictation Request)	\$ 35
Medical Narrative	\$ 75 - \$200

*Our patients have a choice of paying a \$25 non-refundable administrative fee on the first visit and yearly thereafter. This fee would cover any insurance, disability, or medical leave forms the patient would require for one year. This fee excludes the Medical Narrative report as it is usually at the request of an attorney and is more involved than a form. If the patient prefers not to pay the fee on the first visit, the patient will be charged for the individual forms based on the fee schedule listed above.

** CERTAIN FORMS NOT MEETING THESE CLASSIFICATIONS WILL BE INDIVIDUALLY QUOTED.

Please complete and sign the "Patient" portion of your form before submitting it for completion by the physician.

Medical Records:

The adjusted rates for medical record copying are as follows:

For patients, there is no preparation fee; however, the Privacy Rule (HIPAA) states that providers "may charge a reasonable, cost-based fee, provided that the fee includes only the cost of copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual and postage, when the individual has requested the copy, or the summary of explanation, be mailed." 45 CFR 164.524(c)(4).

Phone (410) 526-4401
(Reisterstown)

Phone (410) 751-2363
(Westminster)

Fax (410) 526-4414